

**Fill in this information to identify the case:**

Debtor 1 Renna Clara Jasper

Debtor 2 Dennis Lee Jasper  
(Spouse, if filing)

United States Bankruptcy Court for the: Southern District of Mississippi

Case number 23-50320-KMS

## Official Form 410S2

**Notice of Postpetition Mortgage Fees, Expenses, and Charges** 12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: Community Bank of Mississippi

Court claim no. (if known): 3

Last 4 digits of any number you use to identify the debtor's account: 5 2 2 0

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

☒ No

☐ Yes. Date of the last notice: \_\_\_\_\_

**Part 1: Itemize Postpetition Fees, Expenses, and Charges**

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates incurred	Amount
1. Late charges	_____	(1) \$ _____
2. Non-sufficient funds (NSF) fees	_____	(2) \$ _____
3. Attorney fees	<u>5/20/2025</u>	(3) \$ <u>150.00</u>
4. Filing fees and court costs	_____	(4) \$ _____
5. Bankruptcy/Proof of claim fees	_____	(5) \$ _____
6. Appraisal/Broker's price opinion fees	_____	(6) \$ _____
7. Property inspection fees	_____	(7) \$ _____
8. Tax advances (non-escrow)	_____	(8) \$ _____
9. Insurance advances (non-escrow)	<u>See Item 12 &amp; 13 Below</u>	(9) \$ _____
10. Property preservation expenses. Specify: _____	_____	(10) \$ _____
11. Other. Specify: _____	_____	(11) \$ _____
12. Other. Specify: <u>Hub International-Homeowners Ins</u>	<u>Effective 08/21/2024 - 08/21/2025</u>	(12) \$ <u>833.49</u>
13. Other. Specify: <u>Non Escrowed 312 Masonite Lake</u>	<u>owed by Annie Jo Page pledged</u>	(13) \$ _____
14. Other. Specify: _____	<u>TOTAL</u>	(14) \$ <u>833.49</u>

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid.  
See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1 Benna Clara Isner  
First Name Middle Name Last Name

Case number (if known) 23-50320-KMS

**Part 2: Sign Here**

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

*Check the appropriate box.*

☐ I am the creditor.

☒ I am the creditor's authorized agent.

**I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.**

**X** /s/ Jeff Rawlings

Signature

Date 5/20/2025

Print: Jeff Rawlings  
First Name Middle Name Last Name

Title Attorney for Creditor

Company Rawlings & MacInnis, P.A.

Address PO Box 1789  
Number Street  
Madison MS 39130  
City State ZIP Code

Contact phone 601-898-1180

Email jeff@rawlingsmacinnis

**EVIDENCE OF HAZARD INSURANCE**

**THIS INSURANCE IS NON-TRANSFERABLE;  
LIABILITY INCLUDED WHERE INDICATED**

ISSUE DATE: 08/28/2024

**ITEM 1: Mortgagor Name and Mailing Address****Insured Mortgagee Name and Address**

RENNA CLARA JASPER  
DENNIS LEE JASPER  
# 8 OLE MISS DR  
LAUREL, MS 39440-1252

Community Bank of Mississippi  
PO Box 3848  
Coppell, TX 75019

**ITEM 2: Coverage Period**

Effective Date		
MO	DAY	YR
08	21	24

Expiration Date		
MO	DAY	YR
08	21	25

Term In Months
12

Certificate Number: HHL 0009037917

Mortgagee's Policy Number: HAZHFSA2023272R

REO: NO

Loan Number: 5220

**ITEM 3:**

COVERAGE TYPE	OCCUPANCY	LIMIT OF COVERAGE	PREMIUM
RESIDENTIAL (Dwelling)	O	\$76,945.07	\$777.15
COMMERCIAL			
MOBILE HOME / MANUFACTURED HOME			
VACANT LAND LIABILITY			
CONTENTS & EQUIPMENT			
TAX			56.34
ADD'L LIABILITY			N/A
POLICY FEE			0.00
TOTAL AMOUNT			\$ 833.49

**ITEM 4:** Property Description / Address  
312 MASONITE DR  
LAUREL, MS 39440

**This is not a Homeowner's Policy.** Your Lending Institution (hereinafter called "the Named Insured") has procured insurance under the above referenced Master Policy. This Master Policy has been issued by Certain Underwriters at Lloyd's (hereinafter called "the Carrier") in respect of coverage and limits as required by the Named Insured (hereinafter called "Required Perils") as agreed and fully detailed within the terms and conditions of your Loan Agreement.

This document is issued to notify you that the Named Insured has included your property under the above-mentioned Master Policy for Required Perils. The insurance provided is in accordance with the terms, limitations, conditions and exclusions contained in the Master Policy and any attachments thereto, held on file at the offices of the Named Insured. The Original Master Policy may be inspected at the offices of the Names Insured, situated at the above address.

In the event of a claim or any circumstances giving rise to the possibility of a claim the Named Insured must IMMEDIATELY notify the person(s) named within the Master Policy.

**THIS DOCUMENT IS ISSUED AS EVIDENCE OF INSURANCE ONLY;  
IT DOES NOT CONSTITUTE A LEGAL CONTRACT OF INSURANCE.**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI**

**IN RE: RENNA CLARA JASPER  
DENNIS LEE JASPER**

**NO. 23-50320-KMS**

**CERTIFICATE OF SERVICE**

I, Jeff Rawlings, do hereby certify that I served a true and correct copy of the **Notice of Post Petition Mortgage Fees, Expenses, and Charges** by U.S. Mail, postage prepaid to Renna Clara Jasper and Dennis Lee Jasper, 8 Ole Miss Dr, Laurel, MS 39440 and via the ECF notification service to Thomas Carl Rollins, Jr., David Rawlings and the U.S. Trustee.

DATED: May 20, 2025.

/s/ Jeff D. Rawlings

Jeff D. Rawlings

Jeff D. Rawlings  
Rawlings & MacInnis, P.A.  
P.O. Box 1789  
Madison, MS 39130-1789  
601-898-1180  
jeff@rawlingsmacinnis.net  
MSB # 4642

**Rawlings & MacInnis, P.A.**

Post Office Box 1789  
Madison, Mississippi 39130-1789  
601-898-1180  
Federal ID No. 64-0815065

May 20, 2025

COMMUNITY BANK  
BELINDA.MILLER@COMMUNITYBANK.NET  
,

CASE NO. 23-50320

**I N V O I C E**

Matter ID: 37554  
JASPER, RENNA CLARA AND DENNIS LEE

Client ID: COMB-C

Invoice #: 107907

**For Professional Services Rendered:**

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05/20/2025	JDR	Preparation and filing of notice of postpetition mortgage fees, expenses and charges
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**INVOICE SUMMARY**

For Professional Services:	<u>\$150.00</u>
<b>Total Due:</b>	<b>\$150.00</b>